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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

Persons Receiving Care at Home

United States
July 1958-June 1959

Statistics on the number of persons receiving care at home by type of care, length of time under care, person providing care, type of living arrangement, place of residence, and selected health and personal characteristics. Based on data collected in household interviews during the period July 1958-June 1959.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Abraham A. Ribicoff, Secretary
PUBLIC HEALTH SERVICE
Luther L. Terry, Surgeon General

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NATIONAL CENTER FOR HEALTH STATISTICS

Forrest E. Linder, Ph. D., Director
Theodore D. Woolsey, Assistant Director
O. K. Sagen, Ph.D., Assistant Director

U. S. NATIONAL HEALTH SURVEY

Theodore D. Woolsey, Chief
Alice M. Waterhouse, M. D., Chief Medical Advisor
James E. Kelly, D. D. S., Dental Advisor
Walt R. Simmons, Statistical Advisor
Philip S. Lawrence, Sc. D., Chief, Health Interview Survey
Morgery R. Cunningham, Staff Assistant
Robert T. Little, Chief, Automatic Data Processing

The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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SYMBOLS AND NOTES

Data not available (three dashes)-----	---
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Magnitude of the sampling error precludes showing separate estimates-----	(*)

NOTE: Due to rounding detailed figures within
tables may not add to totals

PERSONS RECEIVING CARE AT HOME

SOURCE OF DATA

Data for this report are based on approximately 37,000 household interviews, covering 120,000 persons, collected by the U. S. National Health Survey during the period July 1958-June 1959.

A description of the statistical design of the survey, the methods used in estimation, and general qualifications of data obtained from surveys is contained in Appendix I. Since all estimates presented in this report are based on a sample of the population rather than a complete census of the population, they are subject to sampling error. Therefore, particular attention is directed to the section entitled "Reliability of Estimates" which includes a table of sampling errors and instructions for its use.

Definitions of certain terms used in this report are presented in Appendix II. Since many of the terms have specialized meanings for the purposes of the survey, familiarity with these definitions will assist the reader in interpreting the data.

The data on personal care requirements were gathered by means of a supplemental question to the regular household interview which is reproduced below exactly as it appeared on the questionnaire.

Appendix III is a facsimile of the basic questionnaire used for collection of data in the National Health Survey.

QUALIFICATIONS OF THE DATA

The data presented in this report pertain to those persons who were reported as requiring constant or part-time help or nursing care in the home for such activities as dressing, eating, or toilet activities. In the following presentation these services are referred to as personal care in the home. While personal care was conceived of as including nursing care provided in the home, it excludes some of the kinds of services ordinarily included in the concept of home care programs, i.e., services provided by physicians, therapists, or social workers.

It should be noted that the kind of personal care, constant or part-time, was recorded as that currently required. However, the length of time under care was to cover the last uninterrupted period without distinction as to constant or part-time.

Estimates of personal care in the home are presented herein only for the civilian, non-institutional population of the United States. Therefore, they exclude all of the nursing services

SUPPLEMENTARY QUESTION ON PERSONAL CARE AT HOME	
22. Is there anyone in the family who requires constant help or nursing care? Is there anyone in the family who requires help or nursing care only part of the time, such as help in dressing, eating, toilet activities, etc.?	<input type="checkbox"/> Yes - Constant <input type="checkbox"/> No
(Do not record "Yes" for sexual care for adults or children)	<input type="checkbox"/> Yes - Part-time
(a) For what condition?	Condition:
(b) How long has he required this care? (Years; or months if less than 1 year)	____ Years ____ Months
(c) Who helps with this care?	<input type="checkbox"/> Household members
(Check all boxes that apply. If "Other" specify in footnotes)	<input type="checkbox"/> Other relative
	<input type="checkbox"/> Trained (registered) nurse
	<input type="checkbox"/> Physician/nurse
	<input type="checkbox"/> Other (specify): _____

provided in hospitals, nursing homes, and other institutions for the care of the sick, handicapped, or aged persons in the population. It should be noted also that infants requiring only the normal amount of care were not counted as needing personal care in the home. Interviewers were instructed to include them only when they required more than normal care because of illness or some handicap.

In general, statistical distributions shown in this report have been presented in a manner to facilitate comparisons between those who require full-time and those who report only part-time care. This was considered a useful distinction despite the consequent presentation of small numbers which, in some instances, may have relatively large sampling errors.

CHARACTERISTICS OF PERSONS RECEIVING CARE AT HOME

Prevalence According to Type of Care Required

Data from the survey indicated that approximately 1,128,000 persons in the civilian, noninstitutional population required either constant care or part-time help in their home. This represented 6.6 persons per 1,000 population reporting a need for care. About 60 percent of the total required constant care. Over-all care was required more frequently for females than for males, the difference lying almost exclusively in the portion who needed constant care.

Estimates shown in table A clearly indicate the higher prevalence of needs for personal care among the older segments of the population.

The prevalence rate of persons receiving care at home rises consistently from about 2 per thousand population at the lower ages to 87.7 per thousand at age 75 years and over. The sex distribution of those receiving care at home indicates that males constituted the majority of persons at lower ages, while females represented the largest group at ages 45 and over (fig. 1).

Data in table 1 present details of sex and age to illustrate the general magnitude and age trend

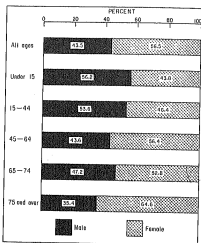


Figure 1. Proportion of persons reporting personal care in the home according to age by sex.

Table A. Prevalence of persons receiving care at home by age and by sex according to type of care: United States, July 1958-June 1959

Age and sex	Total population (in thousands)	Type of care					
		Total	Constant	Part-time	Total	Constant	Part-time
All ages-----	171,300	Number of persons in thousands			Rates per 1,000 U. S. population		
		1,128	650	478	6.6	3.8	2.8
Under 15-----	53,969	121	84	37	2.3	1.6	0.7
15-44-----	67,455	125	66	59	1.9	1.0	0.9
45-54-----	20,026	81	44	37	4.0	2.2	1.8
55-64-----	15,029	144	88	56	9.6	5.9	3.7
65-74-----	9,769	214	102	112	21.9	10.4	11.5
75+-----	5,052	443	266	177	87.7	52.7	35.0
Males-----	83,360	491	255	236	5.9	3.1	2.8
Females-----	87,941	637	395	242	7.2	4.5	2.7

of personal care required, although estimates in many of the individual cells are too small for reliability when sampling error is considered. Therefore the reader must use these with caution.

Condition for Which Care Was Provided

In reply to the query of what condition caused the need for personal care, about 40 percent reported an impairment and 60 percent gave some other condition. These proportions were almost identical for both the part-time and constant care groups. Data in table 2 show that paralysis, circulatory conditions, senility, and arthritis and rheumatism were the leading conditions involved and accounted for over half of those receiving care. While impairments involving paralysis accounted for more constant care, defects in vision and senile conditions were reported more often as requiring only part-time help.

It should be noted that acute conditions, especially injuries and fractures, might have been reported as the reason for personal care. However, the tabulations by condition for which care was needed and by length of time under care indicated that impairments and other chronic conditions were responsible for the great majority of care.

An impairment is distinguished from any other type of condition in that it represents a defect, chronic or permanent, due to disease, injury, or congenital malformation which has resulted in a decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. While more than one condition or impairment may have been involved in the need for personal care, these data present only a single cause for each person. Where more than one was given as responsible for the care, a selection was made based on previous information elicited about conditions which may have caused a limitation of activity or mobility. In cases where more than one was responsible for such a limitation, the first mentioned was coded as the cause.

Length of Time Under Care

All persons receiving personal care were asked how long they had been under such care. About 30 percent reported this interval as 5 years or longer, 38 percent between 1 and 4 years, and 27 percent as less than 1 year (table 3). This pattern was quite similar when the data were crossclassified by sex and type of care (table B).

Data presented in table 4 relate age and length of time under care in broad intervals.

Table B. Number of persons receiving care at home and percent distribution by sex according to length of time under care and type of care: United States, July 1958-June 1959

Length of time under care	Type of care					
	Total		Constant		Part-time	
	Male	Female	Male	Female	Male	Female
Number of persons in thousands						
Total-----	491	637	255	395	236	242
Under 1 year-----	132	175	73	113	59	62
1-4 years-----	188	240	95	156	93	84
5+ years-----	158	186	81	106	77	80
Unknown-----	13	36	6	20	7	16
Percent distribution						
Total-----	100.0	100.0	100.0	100.0	100.0	100.0
Under 1 year-----	26.9	27.5	28.6	28.6	25.0	25.6
1-4 years-----	38.3	37.7	37.3	39.5	39.4	34.7
5+ years-----	32.2	29.2	31.8	26.8	32.6	33.1
Unknown-----	2.6	5.7	2.4	5.1	3.0	6.6

Table C. Number of persons receiving care at home and percent distribution by age according to length of time under care: United States, July 1958-June 1959

Length of time under care	Age			
	All ages	Under 45	45-64	65+
Number of persons in thousands				
Total-----	1,128	245	225	658
Under 1 year-----	306	57	75	174
1-4 years-----	429	63	76	290
5+ years-----	344	124	68	152
Unknown-----	49	1	6	42
Percent distribution				
Total-----	100.0	100.0	100.0	100.0
Under 1 year-----	27.1	23.3	33.3	26.4
1-4 years-----	38.0	25.7	33.8	44.1
5+ years-----	30.5	50.6	30.2	23.1
Unknown-----	4.4	0.4	2.7	6.4

As expected, persons 65 years of age and over constituted the largest groups in any length-of-time category. However, persons under age 45 represent a significantly larger proportion (36 percent) of those under care for 5 years or more than any other time interval.

In the age group under 45 years of age, 124,000, or 50.6 percent, of the total group under care in the age group, had been under care for 5 years or more (table C). Persons 45 to 64 years of age were distributed about equally in all the intervals of time under care, but those 65 or over were mainly concentrated in the interval between 1 and 4 years of care.

Person Providing Care

Household members provided the bulk of personal care reported for either the constant or part-time care groups (table 5). However, nursing services, professional or practical, were utilized in a substantially greater proportion of cases by the constant care group, 12 percent compared with 4 percent. Utilization of nursing services was considerably greater for females with higher income.

(Income Level)

Inspection of data in table D indicates that more than half the persons requiring personal care were in the lower income groups with total

Table D. Percent distribution of persons receiving care at home by type of care according to family income: United States, July 1958-June 1959

Family income	Type of care		
	Total	Constant	Part-time
Total-----	100.0	100.0	100.0
Under \$4,000-----	56.8	53.7	61.1
\$4,000+-----	32.1	33.8	29.7
Unknown-----	11.1	12.5	9.2

family income of less than \$4,000. Without distributing the unknown income group, there was an over-all proportion of 57 percent, who were living in families of the lower income groups, varying from 54 percent for the constant care group to 61 percent for the part-time group.

Limitation of Activity

Approximately 76 percent of those requiring some type of personal care also reported a major limitation of their activity (table 6). In the constant and part-time care groups, 85 and 65 per-

cent, respectively, reported a major limitation of activity. Altogether more than 90 percent of the persons needing care had either major or partial limitation of activity.

Within the constant care group, more females than males reported a major activity limitation (89 percent of the females as compared with 79 percent of the males), while in the part-time care group more males than females (71 and 59 percent, respectively), had major limitations.

On the other hand, of the estimated 3½ million persons in the noninstitutional U. S. population with a major activity limitation, only about one fourth (24 percent) reported as receiving personal care in the home (table E).

Table E. Proportion of persons receiving care at home by limitation of activity: United States, July 1958-June 1959

Limitation of activity	Total U. S. population (in thousands)	Personal care	
		Number (in thousands)	Percent
Total-----	171,300	1,128	0.7
Major-----	3,568	862	24.2
Partial-----	13,236	163	1.2
None-----	154,496	103	0.1

Limitation of Mobility

Of the persons receiving care at home, 43 percent also reported a major limitation of mobility, varying from 33 percent for males to 51 percent for females (table 7).

As expected, persons with need for constant care also more often reported a major limitation in mobility. Again the proportion of females with limitation exceeded that of males.

For this period, the estimated number of persons with a major limitation of mobility in the noninstitutional population of the United States was about 2 million (table F). Of this number 751,000, or approximately 38 percent, were also reported as receiving personal care at home (table F). This proportion contrasted sharply with the 6 percent of the partially limited group that reported some form of care at home.

Table F. Proportion of persons receiving care at home by limitation of mobility: United States, July 1958-June 1959

Limitation of mobility	Total U. S. population (in thousands)	Personal care	
		Number (in thousands)	Percent
Total-----	171,300	1,128	0.7
Major-----	1,990	751	37.7
Partial-----	2,631	157	6.0
None-----	166,780	220	0.1

Bed-Days in Past 12 Months

While only 43 percent of those receiving part-time care reported bed-days in the past year, about 60 percent of the constant care group had bed-days. Small differences existed between these groups for persons reporting 1-90 days in bed, but persons with long periods of bed-days (over 90 days) were largely concentrated among those requiring constant care. Thus, 241,000 or 37 percent of those with constant care reported 90 or more days of bed-care. On the other hand persons receiving constant care constituted about three fourths of all those who reported 90 or more bed-days (table 8).

Physician Visits

The average number of visits per person for this group was 23 compared with an average of 5 for the U. S. population as a whole (fig. 2). Whereas only about 20 percent of the total physician visits for U. S. population were home or telephone visits, half of all the visits reported by persons requiring personal care in the home were home or telephone visits (table G).

Of the total visits reported by all persons needing personal care, those with constant care utilized 81, 77, and 60 percent, respectively, of the home, telephone, and other physician visits (table H). Of all home visits, persons reporting constant care required about four times as many as those with only part-time care. As expected, persons with only part-time care were more able to go to the office or clinics for their physician care, making about two thirds of their physician visits in this manner.

Table G. Comparison of physician visits for total U.S. population and for persons receiving care at home: United States, July 1958-June 1959

Type of physician visit	Number of physician visits (in millions)		Percent distribution		Number of physician visits per person per year	
	Total U.S. population	Persons receiving care at home	Total U.S. population	Persons receiving care at home	Total U.S. population	Persons receiving care at home
Total--	813.4	26.4	100.0	100.0	4.7	23.4
Home-----	74.9	9.4	9.2	35.4	0.4	8.3
Telephone---	84.4	4.0	10.4	15.0	0.5	3.5
Other-----	654.1	13.1	80.4	49.6	3.8	11.6

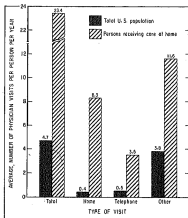


Figure 2. Average number of physician visits per person per year according to type of visit, U. S. constitutional population, and persons receiving care at home.

There was a definite correlation of age and type of physician visit in that the older persons relied more upon home and telephone visits, (table 9).

Table H. Percent distribution of physician visits for persons receiving care at home by type of care: United States, July 1958-June 1959

Type of physician visit	Type of care		
	Total	Con-stant	Part-time
Total-----	100.0	70.0	30.0
Home-----	100.0	81.0	19.0
Telephone-----	100.0	76.8	23.2
Other-----	100.0	60.0	40.0

Major Activity

Only one fifth of the persons receiving personal care reported their major activity as working or going to school or keeping house (table 10). Almost 80 percent reported their major activity as either retired or "other" status. In this population group, the "other" group undoubtedly was composed mainly of those with health problems which kept them from regular participation in the activities of working, going to school, or keeping house. More detailed tabulations than those presented in this report indicated that of those reporting "other" status,

about a third were under 25 years of age and another third were 65 and over. These same age groups also reported the greatest need of constant care.

For persons receiving personal care whose reported keeping house as their major activity, only 39 percent required constant care in contrast to 55 percent of those usually working or going to school, 54 percent of those retired, and 68 percent of the "other" group (table I).

Table I. Number of persons receiving personal care at home and percent receiving constant care by major activity: United States, July 1958-June 1959

Major activity	Total with personal care	Persons receiving constant care at home	
		Number (in thousands)	Percent
Both sexes--	1,128	650	57.6
Usually working or going to school--	98	54	55.1
Keeping house----	142	56	39.4
Retired-----	457	247	54.0
Other-----	431	292	67.7

Marital Status and Living Arrangements

Marital status and type of living arrangement is of particular interest in this report of personal care in the home since these characteristics are closely related to the question of who provides such services. In the tabulation of mass data it is difficult to classify a descriptive factor such as family relationship into clear-cut categories. Because of the general interest in the "living arrangements" of persons reporting personal care in the home an attempt has been made to devise some very broad categories. As they pertain to persons receiving personal care in the home, they are described as follows: (1) living alone or with nonrelatives: this category includes in general, widowed and other unmarried persons living alone or with unrelated persons or families; (2) living with relatives--married: this group includes, for the most part, married

couples living in their own homes or in the homes of relatives; and (3) living with relatives--other status: this category includes unmarried persons, such as unmarried children, widowed parents living with children, and other unmarried persons living with relatives.

About 1,004,000 or 89 percent of all persons receiving care were living with relatives (table 11). Of this number some 465,000 or 41 percent were married and living with wife or husband, and 539,000 or 48 percent with some other relative. This distribution was quite similar for those reporting either constant or part-time care. Of those living with relatives other than spouses, approximately 28 percent were under age 25 and 54 percent were 65 years and over. These two groups largely represent children and older persons living with their families.

Altogether, less than 5 percent of persons receiving personal care in the home were in one-person households.

Urban-Rural Residence

Of all persons receiving some form of personal care at home, 697,000, or 61.8 percent, lived in urban areas and this pattern was quite similar for both the constant and part-time care groups. For those receiving constant care the distribution by sex in urban and rural areas was essentially

Table J. Percent distribution of persons receiving care at home by age according to place of residence and type of care: United States, July 1958-June 1959

Residence and age	Type of care		
	Total	Constant	Part-time
<u>Urban</u>			
Percent distribution			
All ages----	100.0	59.5	40.5
Under 45-----	100.0	68.3	31.7
45-64-----	100.0	62.2	37.8
65-74-----	100.0	48.3	51.7
75+-----	100.0	59.6	40.4
<u>Rural</u>			
All ages----	100.0	54.5	45.5
Under 45-----	100.0	51.5	48.5
45-64-----	100.0	52.4	47.6
65-74-----	100.0	45.6	54.4
75+-----	100.0	60.7	39.3

the same with a significantly higher percentage of females in both areas of residence. However, among those receiving part-time care, females were only in a slight majority in urban areas, with the distribution shifting to a majority of males in the rural areas (table 12).

Persons at ages under 65 in urban areas were more often reported as needing constant care than

the corresponding group in rural areas, while those 65 and over were quite similarly distributed in urban and rural areas (table 3). In contrast to other age groups shown in table 3, a higher proportion of the persons in the age group 65-74 in both urban and rural places of residence were receiving part-time care.

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Table 1. Number of persons receiving care at home and percent distribution by age according to sex and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Sex and age	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
		Number of persons in thousands		Percent distribution		
<u>Both sexes</u>						
All ages-----	1,128	650	478	100.0	100.0	100.0
Under 15-----	121	84	37	10.7	12.9	7.7
15-44-----	125	65	59	11.1	10.0	12.3
45-64-----	225	132	93	19.9	20.3	19.5
65-74-----	214	102	112	19.0	15.7	23.4
75+-----	444	266	177	39.4	40.9	37.0
<u>Male</u>						
All ages-----	491	255	236	100.0	100.0	100.0
Under 15-----	68	48	20	13.8	18.8	8.5
15-44-----	67	36	31	13.6	14.1	13.1
45-64-----	98	50	48	20.0	19.6	20.3
65-74-----	101	43	58	20.6	16.9	24.6
75+-----	157	78	79	32.0	30.6	33.5
<u>Female</u>						
All ages-----	637	395	242	100.0	100.0	100.0
Under 15-----	53	36	17	8.3	9.1	7.0
15-44-----	58	29	28	9.1	7.3	11.6
45-64-----	126	82	44	19.8	20.8	18.2
65-74-----	113	59	54	17.7	14.9	22.3
75+-----	287	189	99	45.1	47.8	40.9

Table 2. Number of persons receiving care at home and percent distribution by impairments and other conditions responsible for the care according to type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Impairments and other conditions	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
	Number of persons in thousands			Percent distribution		
All persons-----	1,128	650	478	100.0	100.0	100.0
Impairments-----	444	260	184	39.4	40.0	38.5
Vision-----	63	26	38	5.6	4.0	7.9
Paresis-----	226	154	72	20.0	23.7	15.1
Other-----	155	80	75	13.7	12.3	15.7
Other conditions-----	684	390	294	60.6	60.0	61.5
Circulatory-----	176	117	59	15.6	18.0	12.3
Heart-----	108	67	42	9.6	10.3	8.8
Other-----	67	50	17	5.9	7.7	3.6
Arthritis and rheumatism-----	117	49	69	10.4	7.5	14.4
Senility-----	90	40	51	8.0	6.2	10.7
Other-----	300	184	115	26.6	28.3	24.1

Table 3. Number of persons receiving care at home and percent distribution by length of time under care according to type of care: United States, July 1958-June 1959
(See footnote on table 2)

Length of time under care	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
	Number of persons in thousands			Percent distribution		
All persons-----	1,128	650	478	100.0	100.0	100.0
0-1 year-----	307	185	121	27.2	28.5	25.3
Less than 1 month-----	53	37	17	4.7	5.7	3.6
1-11 months-----	253	149	104	22.4	22.9	21.8
1-4 years-----	428	252	177	37.9	38.8	37.0
5+ years-----	344	186	158	30.5	28.6	33.1
Unknown-----	49	27	23	4.3	4.2	4.8

Table 4. Number of persons receiving care at home and percent distribution by age according to length of time under care and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Length of time under care and age	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
<u>Total</u>	Number of persons in thousands			Percent distribution		
All ages-----	1,128	650	478	100.0	100.0	100.0
Under 45-----	245	150	95	21.7	23.1	19.9
45-64-----	225	132	93	20.0	20.3	19.5
65+-----	658	368	290	58.3	56.6	60.7
<u>Less than 1 year's care</u>						
All ages-----	306	185	121	100.0	100.0	100.0
Under 45-----	57	37	20	18.6	20.0	16.5
45-64-----	75	45	30	24.5	24.3	24.8
65+-----	174	103	71	56.9	55.7	58.7
<u>1-4 years' care</u>						
All ages-----	429	252	177	100.0	100.0	100.0
Under 45-----	63	36	27	14.7	14.3	15.3
45-64-----	76	47	29	17.7	18.7	16.4
65+-----	290	169	121	67.6	67.1	68.4
<u>5 or more years</u>						
All ages-----	344	186	158	100.0	100.0	100.0
Under 45-----	124	77	47	36.0	41.4	29.7
45-64-----	68	35	33	19.8	18.8	20.9
65+-----	152	74	78	44.2	39.8	49.4
<u>Unknown</u>						
All ages-----	49	27	22	100.0	100.0	100.0
Under 45-----	1	-	1	2.0	-	4.5
45-64-----	6	5	1	12.2	18.5	4.5
65+-----	42	22	20	85.8	81.5	90.9

Table 5. Number of persons receiving care at home and percent distribution by persons providing care according to family income and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Family income and persons providing care	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
<u>All incomes</u>	Number of persons in thousands			Percent distribution		
Total-----	1,128	650	478	100.0	100.0	100.0
Household members-----	932	502	430	82.6	77.2	90.0
Nurse-----	95	78	17	8.4	12.0	3.6
Other-----	101	70	31	9.0	10.8	6.5
<u>Under \$4,000</u>						
Total-----	641	349	292	100.0	100.0	100.0
Household members-----	564	304	260	88.0	87.1	89.0
Nurse-----	31	22	9	4.8	6.3	3.1
Other-----	46	23	23	7.2	6.6	7.9
<u>\$4,000+</u>						
Total-----	362	220	142	100.0	100.0	100.0
Household members-----	298	164	134	82.3	74.5	94.4
Nurse-----	35	32	3	9.7	14.5	2.1
Other-----	29	24	5	8.0	10.9	3.5
<u>Unknown</u>						
Total-----	125	81	44	100.0	100.0	100.0
Household members-----	70	33	37	56.0	60.7	84.1
Nurse-----	29	24	5	23.2	29.6	11.4
Other-----	26	24	2	20.8	29.6	4.5

Table 6. Number of persons receiving care at home and percent distribution by limitation of activity according to sex and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information as to the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Sex and limitation of activity	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
<u>Both sexes</u>	Number of persons in thousands			Percent distribution		
Total-----	1,128	650	478	100.0	100.0	100.0
Major-----	862	553	309	76.4	85.1	64.6
Partial-----	163	41	122	14.5	6.3	25.5
None-----	103	56	47	9.1	8.6	9.8
<u>Male</u>						
Total-----	491	255	236	100.0	100.0	100.0
Major-----	368	201	167	74.9	78.8	70.8
Partial-----	60	20	40	12.2	7.8	16.9
None-----	63	34	29	12.8	13.3	12.3
<u>Female</u>						
Total-----	637	395	242	100.0	100.0	100.0
Major-----	494	352	142	77.6	89.1	58.7
Partial-----	103	21	82	16.2	5.3	33.9
None-----	40	22	18	6.3	5.6	7.4

Table 7. Number of persons receiving care at home and percent distribution by limitation of mobility according to sex and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Sex and limitation of mobility	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
<u>Both sexes</u>	Number of persons in thousands			Percent distribution		
Total-----	1,128	650	478	100.0	100.0	100.0
Major-----	485	384	101	43.0	59.1	21.1
Partial-----	423	167	256	37.5	25.7	53.6
None-----	220	99	121	19.5	15.2	25.3
<u>Male</u>						
Total-----	491	255	236	100.0	100.0	100.0
Major-----	160	123	37	32.6	48.2	15.7
Partial-----	211	76	135	43.0	29.8	57.2
None-----	120	56	64	24.4	22.0	27.1
<u>Female</u>						
Total-----	637	395	242	100.0	100.0	100.0
Major-----	325	261	64	51.0	66.1	26.4
Partial-----	213	91	122	33.4	23.0	50.4
None-----	99	43	56	15.5	10.9	23.1

Table 8. Number of persons receiving care at home and percent distribution by number of bed-days reported in past 12 months according to type of care: United States, July 1958-June 1959

(See footnote on table 7)

Number of bed-days	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
	Number of persons in thousands			Percent distribution		
Total-----	1,128	650	478	100.0	100.0	100.0
None-----	535	261	274	47.4	40.2	57.3
1-29-----	126	66	60	11.2	10.2	12.6
30-89-----	87	47	39	7.7	7.2	8.2
90+-----	230	241	90	29.3	37.1	18.8
Unknown-----	49	34	15	4.3	5.2	3.1

Table 9. Number of persons receiving care at home and percent distribution by age according to type of physician visit and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Type of physician visit and age	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
<u>All visits</u>	Number of physician visits in thousands			Percent distribution		
Total-----	26,433	18,490	7,942	100.0	100.0	100.0
Under 45-----	4,976	3,364	1,612	18.8	18.2	20.3
45-64-----	6,742	4,047	2,694	25.5	21.9	33.9
65+-----	14,715	11,079	3,636	55.7	59.9	45.8
<u>Home</u>						
Total-----	9,366	7,584	1,782	100.0	100.0	100.0
Under 45-----	505	433	72	5.4	5.7	4.1
45-64-----	1,705	1,152	553	18.2	15.2	31.0
65+-----	7,155	5,998	1,157	76.4	79.1	64.9
<u>Telephone</u>						
Total-----	3,960	3,041	919	100.0	100.0	100.0
Under 45-----	547	296	251	13.8	9.7	27.5
45-64-----	1,206	974	232	30.5	32.0	23.2
65+-----	2,207	1,771	436	55.7	58.2	47.5
<u>Other</u>						
Total-----	13,107	7,866	5,241	100.0	100.0	100.0
Under 45-----	3,924	2,635	1,289	29.9	33.5	24.6
45-64-----	3,830	1,921	1,909	29.2	24.4	36.4
65+-----	5,353	3,310	2,043	40.8	42.1	39.0

Table 10. Number of persons receiving care at home and percent distribution by major activity according to type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Major activity	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
	Number of persons in thousands			Percent distribution		
Both sexes-----	1,128	650	478	100.0	100.0	100.0
Usually working or going to school-----	98	54	44	8.7	8.3	9.2
Keeping house-----	142	56	86	12.6	8.6	18.0
Retired-----	457	247	210	40.5	38.0	43.9
Other-----	431	293	138	38.2	45.1	28.9

Table 11. Number of persons receiving care at home and percent distribution by living arrangements according to type of care: United States, July 1958-June 1959

(See headings on table 10)

Living arrangements	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
	Number of persons in thousands			Percent distribution		
Both sexes-----	1,128	650	478	100.0	100.0	100.0
Living alone-----	50	30	20	4.4	4.6	4.2
Living with nonrelatives-----	74	47	27	6.6	7.2	5.6
Living with relatives-----	1,004	573	431	89.0	88.2	90.2
Married-----	465	256	209	41.2	39.4	43.7
Other-----	539	317	222	47.8	48.8	46.4

Table 12. Number of persons receiving care at home and percent distribution by age and by sex according to residence and type of care: United States, July 1958-June 1959

[Data are based on household interviews of the civilian, noninstitutional population. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Residence, age, and sex	Type of care					
	Total	Constant	Part-time	Total	Constant	Part-time
RESIDENCE	Number of persons in thousands			Percent distribution		
<u>Urban</u>						
All ages-----	697	415	282	100.0	100.0	100.0
Under 45 years-----	142	97	45	20.4	23.4	16.0
45-64 years-----	143	89	54	20.5	21.4	19.1
65-74 years-----	147	71	76	21.1	17.1	26.9
75+ years-----	265	158	107	38.0	38.1	37.9
<u>Rural</u>						
All ages-----	431	235	196	100.0	100.0	100.0
Under 45 years-----	103	53	50	23.9	22.6	25.5
45-64 years-----	82	43	39	19.0	18.3	19.9
65-74 years-----	68	31	37	15.8	13.2	18.9
75+ years-----	178	108	70	41.3	45.9	35.7
<u>Urban</u>						
Both sexes-----	697	415	282	100.0	100.0	100.0
Male-----	299	168	131	42.9	40.5	46.5
Female-----	398	247	151	57.1	59.5	53.5
<u>Rural</u>						
Both sexes-----	431	235	196	100.0	100.0	100.0
Male-----	193	88	105	44.8	37.4	53.6
Female-----	238	147	91	55.2	62.6	46.4

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report, *Persons Receiving Care at Home*, is one of a series of statistical reports prepared by the U. S. National Health Survey which cover separate health-related topics. It is based on information collected in a continuing nationwide sample of households in the Health Interview Survey, which is one of the major projects of the U. S. National Health Survey.

The Health Interview Survey utilizes a questionnaire which elicits information on illnesses, injuries, chronic conditions, disability, medical care, and other health topics in addition to personal and demographic characteristics. As data relating to each of these various broad topics are tabulated and analyzed, separate reports are issued which cover one or more of the specific topics.

The population covered by the sample for the Health Interview Survey is the civilian noninstitutional population of the United States living at the time of interview. The sample does not include members of the Armed Forces, U. S. nationals living in foreign countries, or crews of vessels.

Statistical Design of the Health Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian noninstitutional population of the United States. The first stage of this design consists of drawing a sample of 500 from the 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Statistical Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in these segments, household members are interviewed concerning factors related to health.

Since the household members interviewed each week are a representative sample of the population, samples for successive weeks can be combined into larger samples for a calendar quarter or a year. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population and, through the larger consolidated samples, more detailed analysis of less common characteristics and smaller categories. The continuous

collection has administrative and operational advantages as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—The national sample plan over the 12-month period ending June 28, 1959, included approximately 120,000 persons from 37,000 households in 6,200 segments, with representation from every State. The over-all sample was designed in such a fashion that, from the annual sample, tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the National Health Survey. In accordance with these specifications the Bureau of the Census participates in designing the sample, selects the sample, conducts the field interviewing, carries out quality control procedures and reviews and codes the questionnaires. Tabulations are prepared by the National Health Survey, using electronic computers.

Processing of data.—The coded data are processed on electronic computers by the National Health Survey staff. Included in this processing are assignment of weights, ratio adjustments, and related procedures necessary to project the data to national estimates. Another phase of this processing procedure involves carrying out internal edits and consistency checks to insure that the data are not incorrect due to errors in recording responses, coding, or processing. No editing can, of course, be expected to remove error or bias in reporting by respondents. Finally, the weekly data are combined to provide quarterly and annual data and tabulations are prepared which give estimates of aggregates, rates, and other statistical measures.

Estimating methods.—Each statistic produced by the survey—for example, the number of persons receiving care at home—is the result of two stages of ratio estimation. In the first of these, the factor is the ratio of the 1950 decennial population count to the 1950 estimated population in the U. S. National Health Survey's first-stage sample of PSU's. This factor is applied for more than 50 color-residence classes.

Later, ratios of sample-produced estimates to official Bureau of the Census figures for current population are computed for about 60 age-sex-color classes, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample closely representative of the U. S. population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of the population. For statistics which measure the prevalence of a characteristic at one point in time, consolidation of the weekly samples over any time period, such as a year, produces an estimate of the average prevalence of the characteristic during that time period.

For statistics which measure the incidence of conditions or disability days during a specified period of time, the procedure is different. For such items, the specified period on the questionnaire is the 2 weeks prior to the interview. Therefore, the response is multiplied by 6.5 to produce an estimate for the 13-week quarter, and the quarterly estimates are added to obtain an estimate of the incidence during any longer time period, such as a year. Thus, the experience which actually occurred for each person in a 2-week period is treated as though it measured the total of such experience during the year. Such interpretation leads to no significant bias.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputed to persons in a household which was not interviewed the characteristics of persons in households in the same segment which were interviewed. The total noninterview rate was 5 percent; 1 percent was refusal and the other 4 percent was primarily due to the failure to find any eligible household respondent after repeated trials.

The interview process.—The statistics presented in this report are based on replies secured in interviews in the sampled households. Each person 18 years of age and over, available at the time of interview, was interviewed individually. Proxy respondents within the household were employed for children and for adults not available at the time of the interview, provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information, the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions which were not medically attended, diagnostic information is often no more than a description of symptoms. However, other facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report information of this type.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals which are adjusted to independent estimates, these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data which may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. The population figures differ from corre-

sponding figures (which are derived from different sources) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample differs from the value obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, the tables of standard errors shown in this Appendix should be interpreted as providing an estimate of approximate standard error, rather than as the precise standard error for any specific statistic.

The following rules will enable the reader to determine the sampling errors for the data contained in this report.

1. **Estimates of aggregates:** Approximate standard errors of estimates of aggregates, such as the number of persons receiving care at home, or the number of physician visits are obtained from appropriate columns of table I.

Example:

There were 444,000 persons 75 years and over receiving care at home (table I). Since the standard error for this estimate is not shown in table I, it is necessary to interpolate between the standard error for 100,000 persons which is 22,000, and the standard error for 500,000 persons which is 50,000. Such interpolation gives 46,080 as the standard error for 444,000 persons 75 years and over receiving care at home.

2. **Estimates of percentages in a percent distribution:** Approximate standard errors of percentages in percent distributions of persons receiving care by age, length of time under care, limitation of activity or mobility, or type of condition for which care was received, and distributions of physician visits are given in appropriate columns of table II.

Example:

Approximately 39.4 percent of the 1,128,000 persons receiving care at home were 75 years

Table I. Standard errors of estimates of aggregates¹

(All numbers shown in thousands)		
Size of estimate	Number of persons	Number of physician visits
100-----	22	-
500-----	50	60
1,000-----	70	90
2,000-----	100	120
3,000-----	120	150
5,000-----	160	200
10,000-----	220	300
20,000-----	300	450
30,000-----	330	590
50,000-----	350	830
100,000-----	400	1,400
200,000-----	-	-
500,000-----	-	-

¹The total U.S. population by age, sex, and residence has been adjusted to official Bureau of the Census figures and therefore is not subject to sampling error.

of age or over (table 2). Since neither the base nor the percentage is shown in table II, it is necessary to interpolate between 25 percent and 50 percent to obtain 3.7 as the standard error of 39.4 percent with a base of 1,000,000 and 2.6 as the standard error of 39.4 percent with a base of 2,000,000. A final interpolation between these results yields 3.5 as the standard error for a statistic of 34.9 percent with a base of 1,128,000.

3. Estimates of the number of persons receiving care per 1,000 total persons or persons in an age-sex group are obtained from table II. Since

table II is set up for the estimation of the standard error of a rate per 100, the prevalence per 1,000 must first be converted to a percentage; table II is then entered with this percentage and the number of persons in the population category (base of the percentage). The entry in the body of the table must then be multiplied by 10 to apply to the rate per 1,000 persons.

Example:

There were 87.7 persons 75 years and over receiving care at home per 1,000 population. This rate expressed as a percentage is 8.8, and it is based on 5,052,000 persons 75 years and over (table A). Since neither the base nor the percentage is shown in table II it is necessary to interpolate between 5 percent and 10 percent to obtain 0.95 as the standard error for 8.8 percent with a base of 5,052,000, and 0.68 as the standard error of 8.8 percent with a base of 10,000,000. A final interpolation between these results yields 0.95 as the standard error of 8.8 percent with a base of 5,052,000. Multiplying this standard error by 10 gives 9.5 as the standard error for a rate of 87.7 per 1,000 population.

4. Estimates of the number of physician visits per year per person receiving care at home, or the number of persons receiving care at home per 100 persons in a chronic limitation status. Approximate standard errors for these rates are obtained as follows:

(a) Obtain the standard error of the numerator from table I. Divide the standard error by the numerator itself. Square the result.

(b) Obtain the standard error of the denominator from table I. Divide the standard error by the denominator itself. Square the result.

(Note: Where the denominator is adjusted to Bureau of the Census figures and therefore is not subject to sampling error, this quantity is zero.)

Table II. Standard errors of percentage distributions

When the base of the percentage is number of:		For estimated percentages of:				
Persons	Physician visits	2 or 98	5 or 95	10 or 90	25 or 75	50
(In thousands)						
		The approximate standard error (expressed in percentage points) is:				
100-----	2,500-----	3.6	5.6	6.8	9.8	12.9
500-----	12,500-----	1.6	2.5	3.0	4.4	5.8
1,000-----	25,000-----	1.1	1.8	2.1	3.1	4.1
2,000-----	50,000-----	0.8	1.3	1.5	2.2	2.9
3,000-----	75,000-----	0.7	1.0	1.2	1.8	2.4
5,000-----	125,000-----	0.5	0.8	1.0	1.4	1.8
10,000-----	250,000-----	0.4	0.6	0.7	1.0	1.3
20,000-----	500,000-----	0.3	0.4	0.5	0.7	0.9
30,000-----	750,000-----	0.2	0.3	0.4	0.6	0.7
50,000-----	1,250,000-----	0.2	0.3	0.3	0.4	0.6
100,000-----		0.1	0.2	0.2	0.3	0.4

(c) Add the answers from steps (a) and (b) above and extract the square root.

(d) Multiply the answer from step (c) by the rate. The result is the approximate standard error of the rate. This procedure normally gives an overestimate of the true sampling error.

Example:

There were 23.4 physician visits per year per person receiving care at home (table G). Using Rule 1 we find the standard error for the

numerator of 26,400,000 physician visits is 539,600 and the standard error for the denominator of 1,128,000 persons (table I) is 73,840. Completing the computation as follows:

$$23.4 \sqrt{\left(\frac{539,600}{26,400,000}\right)^2 + \left(\frac{73,840}{1,128,000}\right)^2}$$

yields 1.6 as the standard error of 23.4 physician visits.

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Personal Care Terms

Personal care at home in this survey is family help or nursing care provided part time or full time in the person's own home either by members of the household, other relatives, friends, persons hired for the service, or by charitable or public agencies. Usual care required by infants is not included as nursing care.

Constant care means the person could not be left alone, in that someone must always be in attendance or within call.

Part-time care means that the person could not get along without help during certain times or with certain activities, such as dressing, eating, or getting into a chair.

Duration of care is the number of months or years that the person has required continuing nursing care irrespective of whether on a constant or part-time basis.

Person providing care.—A "household member" providing help or nursing care is a person who is a member of the interviewed household. "Other relative" is a related person living outside of the household. "Trained nurse" is a private registered nurse, public health nurse, or visiting nurse. If a trained nurse who is a member of the household provides the care it is recorded as "trained nurse" rather than household member. "Practical nurse" includes persons called a nurse by the respondent but not stated to be a "trained nurse."

"Other" includes friends and also persons employed only to sit with the person requiring care.

Length of time under care.—For a person currently under care the length of time was recorded as the total time that he had required full or part-time care on a continuous basis. If there were periods during which no care was required, only the last uninterrupted period was to be counted.

Terms Defining Morbidity Conditions

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions (11-17, Appendix III). In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as, whether they were medically attended; whether they resulted in disability; whether they were acute or chronic; or according to the type of disease, injury, impairment, or symptom reported. For the purposes of each published report or set of tables, only those conditions recorded on the questionnaire which satisfy certain stated criteria are included.

Conditions, except impairments, are coded by type according to the International Classification of Diseases, with certain modifications adopted to make the code more suitable for a household-interview-type survey.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments. Hence, code numbers for impairments in the International Classification of Diseases are not used. In the Supplementary Code impairments are grouped according to the type of functional impairment and etiology.

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital days, work-loss days, or school-loss days. All hospital days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these, too are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as more than half of the daylight hours. All hospital days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Chronic activity limitation.—Persons with chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. Since the major activities of preschool children, school-age children, housewives, and workers and other persons differ, a different set of criteria is used for each group. There is a general similarity between them, however, as will be seen in the descriptions of the four categories below:

1. Persons unable to carry on major activity for their group

Preschool children:	Inability to take part in ordinary play with other children.
School-age children:	Inability to go to school.
Housewives:	Inability to do any housework.
Workers and all other persons:	Inability to work at a job or business.

2. Persons limited in the amount or kind of major activity performed

Preschool children:	Limited in the amount or kind of play with other children, e.g., need special rest periods, cannot play strenuous games, cannot play for long periods at a time.
School-age children:	Limited to certain types of schools or to school attendance, e.g., need special schools or special teaching, cannot go to school full time or for long periods at a time.
Housewives:	Limited in amount or kind of housework, i.e., cannot lift children, wash or iron, or do housework for long periods at a time.
Workers and all other persons:	Limited in amount or kind of work, e.g., need special working aids or special rest periods at work, cannot work full time or for long periods at a time, cannot do strenuous work.

3. Persons not limited in major activity but otherwise limited

Preschool children:	not classified in this category.
School-age children:	not limited in going to school but limited in participation in amusements or other extracurricular activities.
Housewives:	not limited in housework but limited in other activities, such as church, clubs, hobbies, civic projects, or shopping.
Workers and all other persons:	not limited in regular work activities but limited in other activities, such as church, clubs, hobbies, civic projects, sports, or games.

4. Persons not limited in activities

Includes persons with chronic conditions whose activities are not limited in any of the ways described above.

For the purpose of this report category 1 is called "major," and categories 2 and 3 have been combined and described as partial limitation of activity.

Chronic mobility limitation.—Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified according to the extent to which their mobility is limited at present. There are four categories as follows:

1. Confined to the house—confined to the house all the time except in emergencies.
2. Cannot get around alone—able to go outside but needs the help of another person in getting around outside.
3. Has trouble getting around alone—able to go outside alone but has trouble in getting around freely.
4. Not limited in mobility—not limited in any of the ways described above.

For the purpose of this report category 1 is called "major," and categories 2 and 3 have been combined and described as partial limitation of mobility.

Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, passing through a tuberculosis chest X-ray trailer, by this definition, is not included as a physician visit. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered to be a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to the house to see more than one person, the call is considered to be a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

Place of visit.—The place of visit is a classification of the types of places at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
2. Telephone contact refers to advice given in a telephone call directly by the physician or transmitted through the nurse.

3. Other is defined for this report to include: a visit to a physician's office, whether at his home, individual office, or suite of offices; a visit to a hospital clinic (outpatient clinic at any hospital); a visit to a company or industry health unit for treatment received from a physician or under a physician's supervision; or may refer to advice or treatment received from a physician under a physician's general supervision at a school, insurance office, health department clinic, or any other place at which a physician consultation might take place.

Demographic Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Income of family or of unrelated individuals.—Each member of a family is classified according to the total income of the family of which he is a member. Within the household all persons related to each other by blood, marriage, or adoption constitute a family. Unrelated individuals are classified according to their own income.

The income recorded is the total of all income received by members of the family (or by an unrelated individual) in the 12-month period ending with the week of interview. Income from all sources is included, e.g., wages, salaries, rents from property, pensions, help from relatives, and so forth.

Marital status.—Marital status is recorded only for persons 14 years of age or older. The categories of marital status are: married, widowed, divorced, separated, and never married. Persons whose only marriage was annulled are counted as "never married." Persons with common-law marriages are considered to be married. "Separated" refers to married persons who have a legal separation or who have parted because of marital discord.

Living arrangements.—This classification was constructed from combined data on household composition, family relationship, and marital status. Thus it was possible to separate those living alone, or with nonrelatives or with relatives. Those living with relatives were further classified by whether they were married and living with a spouse.

Major activity.—All persons 6 years old or over are classified according to their major activity during the 12-month period prior to the week of interview. The "major" activity, in case more than one is reported, is the one at which the person spent the most time during the 12-month period.

The categories of major activity are: usually working, usually going to school, usually keeping house, retired, and other. For several reasons these categories are not comparable with somewhat similarly named categories in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the numbers of persons in labor force categories but to identify crudely

certain population groups which may have differing health problems. In the second place, the figures represent the major activity over the period of an entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definitions of the specific categories which follow, certain marginal groups are classified in a different manner to simplify the procedures.

1. Usually working includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.
2. Usually going to school means attendance at a regular school or college which advances a person toward an elementary or high school diploma or a college degree.
3. Usually keeping house includes any activity described as "keeping house" which cannot be classified as "working" or "going to school."
4. Retired includes persons 50 years old or over who consider themselves to be retired. In case of doubt, a person 50 years old or over is counted as retired if he, or she, has either voluntarily or involuntarily stopped working, is not looking for work, and is not described as "keeping house." A retired person may or may not be unable to work.
5. Other includes persons 6 years of age or over not placed in any of the other categories. Examples of inclusions are: a person who states that he spent most of the past 12 months looking for work, a person doing volunteer work only, a person under 50 years of age who describes himself as "retired" or "taking it easy," a person under 50 years of age who is described as "unable to work," or "unable to go to school" or a person 50 years of age or over who describes himself as "unable to work" and is not "retired."

Location of Residence Terms

Urban residence.—The definition of urban areas used in the U. S. National Health Survey is the same as that used in the 1950 Census. According to this definition, the urban population comprises all persons living in (a) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages; (b) incorporated towns of 2,500 inhabitants or more except in New England, New York, and Wisconsin, where "towns" are simply minor civil divisions of counties; (c) the densely settled urban fringe, including both incorporated and unincorporated areas, around cities of 50,000 or more; and (d) unincorporated places of 2,500 inhabitants or more outside any urban fringe.

Rural residence.—The remaining population not classified as "urban" is classified as "rural." In this report the rural population includes both "rural farm" and "rural nonfarm."

QUESTIONNAIRE

CONFIDENTIAL The National Health Survey is authorized by Public Law 457 of the 80th Congress (70 Stat 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only for purposes engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (22 FR 1687).

CONFIDENTIAL

The National Health Survey is authorized by Public Law 652 of the 86th Congress (October 499, 47 U.S.C. 393). All information which would permit identification of the individual will be held absolutely confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purpose (22 CFR 168.7).

Form HHS-2

(10-19-59)

U.S. DEPARTMENT OF COMMERCE-

BUREAU OF THE CENSUS

Office of Census Service for the

U.S. PUBLIC HEALTH SERVICE

1. (a) Address or description of location

(b) Street Code

(c) Sub-sample weight

(d) Single

(e) PHS number

2. (a) Type of building

(b) Dwelling unit

(c) Name of Special Dwelling Place

(d) Code

3. Is there any other living quarters, situated in or on the building (apartment)?

Yes

No

4. Are there any other living quarters, situated in or on the building (apartment)?

Yes

No

5. Is there any other building on this property for people to live in - either occupied or vacant?

Yes

No

6. Name of the person in this building who is your nearest neighbor

Yes

No

7. Name of the person in this building who is your nearest neighbor

Yes

No

INSTRUCTIONS

1. "Yes" to questions 15, 16 or 17 apply definition of a dwelling unit as described elsewhere, one or more additional units should be added, and whether the building is to be included.

18. RECORD OF CALLS AT HOUSEHOLDS

Time	1	2	3	4	5	6	7	8	9	10
Order household										
Collector										
Interviewer										
Col. No.										

19. REASON FOR NON-INTERVIEW

TYPE	A	B	C	D
Reason	<input type="checkbox"/> Refused <input type="checkbox"/> Not at home <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Absent - non-residential <input type="checkbox"/> Absent - residential <input type="checkbox"/> Absent - other (specify)	<input type="checkbox"/> Unavailable <input type="checkbox"/> Unavailable in sub-sample <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Not in sample <input type="checkbox"/> Not in sample <input type="checkbox"/> Not in sample
Comments on non-interview				

20. History of Occupancy

Col. Code

21. Special description of house

22. When is the name of the head of this household? (Last name to first name)

23. What are the names of all other persons who have lived at this address who usually live here, and all persons living here who have no usual place of residence elsewhere. (Last name to first name)

24. Is there anyone else who lives here who is not usually at home? (Last name to first name)

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16. Has anyone in the family - you, your, etc. had any of these conditions EVER ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Read Card 4, conditions by condition, record any conditions mentioned in the column for the present)	
17. Does anyone in the family have any of these conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Read Card 4, conditions by condition, record any conditions mentioned in the column for the present)	
18. LAST WEEK OF THE WEEK BEFORE did anyone in the family - you, your, etc. take a doctor to go to a doctor's office or clinic? Answer about: (a) Yes (b) How many times during the past 2 weeks? (c) When did you talk to the doctor? (d) How many times at home, office, clinic, etc.? (Record total number of times in each type of place) (*Hospital clinic, exclusive example mark)	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of times _____ Place _____ At home: _____ At office: _____ Hospital clinic: _____ Company or industry: _____ Other (specify): _____
19. LAST WEEK of the week before did anyone in the family go to a doctor? Answer about: (a) Yes (b) How many times during the past 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of days _____ <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/> None
20. How many times altogether in the past 12 months did you go to a doctor?	<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/> None
21. (a) DURING THE PAST 12 MONTHS has anyone in the family been a patient in a hospital overnight or longer? (b) Yes (c) How many times were you in the hospital? (d) During the past 12 months has anyone in the family been a patient in a nursing home or institution? (e) Yes (f) How many times were you in a nursing home or institution?	<input type="checkbox"/> Yes (Table B) <input type="checkbox"/> No No. of times _____ <input type="checkbox"/> Yes (Table B) <input type="checkbox"/> No No. of times _____
22. During the past 12 months in which group did the most members of your family feel, due to poor's, poor's, etc. (Show Card B) lack of income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc.	Group No. _____

Table 1 - ILLNESSES, DISABILITIES AND ACCIDENTS

How many of these - days some part of the day?	If 6 years old or over, code	Did you first notice... DURING THE PAST 2 MONTHS or before that time?	To know exactly	Did you first notice... DURING THE PAST 12 MONTHS or before that time?	How long since you last noticed it in a doctor about...?	Do you still take any medicine or treatment about the disease?	About how many days during the past 12 months has it been bothering you?	Are there any other conditions for each year?
Less than 1 week	1	Check one: (a) Yes (b) No	Did you first notice... (a) Yes (b) No	Did you first notice... (a) Yes (b) No	(a) Less than 1 week (b) 1 week (c) 2 weeks (d) 3 weeks (e) 4 weeks (f) 5 weeks (g) 6 weeks (h) 7 weeks (i) 8 weeks (j) 9 weeks (k) 10 weeks (l) 11 weeks (m) 12 weeks (n) 13 weeks (o) 14 weeks (p) 15 weeks (q) 16 weeks (r) 17 weeks (s) 18 weeks (t) 19 weeks (u) 20 weeks (v) 21 weeks (w) 22 weeks (x) 23 weeks (y) 24 weeks (z) 25 weeks (aa) 26 weeks (ab) 27 weeks (ac) 28 weeks (ad) 29 weeks (ae) 30 weeks (af) 31 weeks (ag) 32 weeks (ah) 33 weeks (ai) 34 weeks (aj) 35 weeks (ak) 36 weeks (al) 37 weeks (am) 38 weeks (an) 39 weeks (ao) 40 weeks (ap) 41 weeks (aq) 42 weeks (ar) 43 weeks (as) 44 weeks (at) 45 weeks (au) 46 weeks (av) 47 weeks (aw) 48 weeks (ax) 49 weeks (ay) 50 weeks (az) 51 weeks (ba) 52 weeks (bb) 53 weeks (bc) 54 weeks (bd) 55 weeks (be) 56 weeks (bf) 57 weeks (bg) 58 weeks (bh) 59 weeks (bi) 60 weeks (bj) 61 weeks (bk) 62 weeks (bl) 63 weeks (bm) 64 weeks (bn) 65 weeks (bo) 66 weeks (bp) 67 weeks (bq) 68 weeks (br) 69 weeks (bs) 70 weeks (bt) 71 weeks (bu) 72 weeks (bv) 73 weeks (bw) 74 weeks (bx) 75 weeks (by) 76 weeks (bz) 77 weeks (ca) 78 weeks (cb) 79 weeks (cc) 80 weeks (cd) 81 weeks (ce) 82 weeks (cf) 83 weeks (cg) 84 weeks (ch) 85 weeks (ci) 86 weeks (cj) 87 weeks (ck) 88 weeks (cl) 89 weeks (cm) 90 weeks (cn) 91 weeks (co) 92 weeks (cp) 93 weeks (cq) 94 weeks (cr) 95 weeks (cs) 96 weeks (ct) 97 weeks (cu) 98 weeks (cv) 99 weeks (cw) 100 weeks (cx) 101 weeks (cy) 102 weeks (cz) 103 weeks (da) 104 weeks (db) 105 weeks (dc) 106 weeks (dd) 107 weeks (de) 108 weeks (df) 109 weeks (dg) 110 weeks (dh) 111 weeks (di) 112 weeks (dj) 113 weeks (dk) 114 weeks (dl) 115 weeks (dm) 116 weeks (dn) 117 weeks (do) 118 weeks (dp) 119 weeks (dq) 120 weeks (dr) 121 weeks (ds) 122 weeks (dt) 123 weeks (du) 124 weeks (dv) 125 weeks (dw) 126 weeks (dx) 127 weeks (dy) 128 weeks (dz) 129 weeks (ea) 130 weeks (eb) 131 weeks (ec) 132 weeks (ed) 133 weeks (ee) 134 weeks (ef) 135 weeks (eg) 136 weeks (eh) 137 weeks (ei) 138 weeks (ej) 139 weeks (ek) 140 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Card A	Card B	Card C	Card D	Card E	Card F
<p>NATIONAL HEALTH SURVEY Check List of Chronic Conditions</p> <ol style="list-style-type: none"> 1. Asthma 2. Any allergy 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Repeated attacks of the ear 7. Repeated attacks of the throat 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Trouble with piles 13. Gallbladder trouble 14. Stomach ulcer 15. Any other chronic stomach trouble 16. Kidney stones or other kidney trouble 17. Prostate trouble 18. Diabetes 19. Thyroid trouble or enlargement of the thyroid 20. Epilepsy or convulsions of any kind 21. Measles or mumps 22. Rheumatism 23. Repeated trouble with the back 24. Tumor or cancer 25. Chronic pain trouble 26. Hemis or rupture 	<p>NATIONAL HEALTH SURVEY For: Mothers and other persons except housewives and children</p> <ol style="list-style-type: none"> 1. Cannot work at all at present 2. Can work but limited in amount or kind of work 3. Can work but limited in kind or amount of outside activities 4. Not limited in any of these ways 	<p>NATIONAL HEALTH SURVEY For: Children from 5 to 15 years old and others going to school</p> <ol style="list-style-type: none"> 1. Cannot go to school at all at present time 2. Can go to school but limited to certain type of school or in certain attendance 3. Can go to school but limited in other activities 4. Not limited in any of these ways 	<p>NATIONAL HEALTH SURVEY Family income during past 12 months</p> <ol style="list-style-type: none"> 1. Under \$100 (including taxes) 2. \$100 - \$500 3. \$500 - \$1,000 4. \$1,000 - \$2,500 5. \$2,500 - \$5,000 6. \$5,000 - \$7,500 7. \$7,500 - \$10,000 8. \$10,000 - \$15,000 9. \$15,000 and over 		
<p>NATIONAL HEALTH SURVEY Check List of Headaches</p> <ol style="list-style-type: none"> 1. Headaches or serious trouble with hearing 2. Serious trouble with seeing, even with glasses 3. Condition present since birth, such as cleft palate or club foot 4. Stammering or other trouble with speech 5. Missing fingers, hand, or arm 6. Missing toes, foot, or leg 7. Congenital cleft 8. Paralysis of any kind 9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or neck 	<p>NATIONAL HEALTH SURVEY For: Children under 5 years old</p> <ol style="list-style-type: none"> 1. Cannot take part at all in ordinary play with other children 2. Can play with other children but limited in amount or kind of play 3. Not limited in any of these ways 	<p>NATIONAL HEALTH SURVEY For: Children under 5 years old</p> <ol style="list-style-type: none"> 1. Cannot take part at all in ordinary play with other children 2. Can play with other children but limited in amount or kind of play 3. Not limited in any of these ways 	<p>NATIONAL HEALTH SURVEY Family income during past 12 months</p> <ol style="list-style-type: none"> 1. Under \$100 (including taxes) 2. \$100 - \$500 3. \$500 - \$1,000 4. \$1,000 - \$2,500 5. \$2,500 - \$5,000 6. \$5,000 - \$7,500 7. \$7,500 - \$10,000 8. \$10,000 - \$15,000 9. \$15,000 and over 		

